

Revision: HCFA-PM-95-4 (HSQB)  
JUNE 1995

Attachment 4.35-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Termination of Provider Agreement: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and  
notice requirements specified  
in the regulation.)

TN No. 96-1

Supersedes

TN No. 90-20

Approval Date: 5-6-96

Effective Date: 1/1/96